DRUG ENDANGERED CHILDREN

Initial Response Forms

1. Review of Hazards to Children in a Clandestine Lab Environment
2. Chemicals of a Clandestine Drug Lab - Rooms Where Found
3. Clandestine Drug Lab Chemicals
4. Order of Protection C.R.S. 19-3-405/Protective Hold C.R.S. 19-3-401
5. Medical Information Form
6. Medication Form
7. Methamphetamine Lab Medical Charting Form
8. Medical Protocols for Children Found at Methamphetamine Lab Sites

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Case Report #

Drug Endangered Children
Review of Hazards to Children in a Clandestine Lab Environment

This form is for completion by a Haz-Mat Technician/Fire District Employee to document real and potential endangerment to children at locations identified by law enforcement as a possible drug-manufacturing site.

Form Completed By:	Date:
Position:	Time of Arrival:
Haz-Mat Team Affiliation:	Time of Inspection:
Law Enforcement Jurisdiction:	Fire District Incident #
Address or Location:	
Number of Children Present:	Age(s):
Name(s):	

Type of structure lab was found in (check all that apply):

Single Family		Shed		Storage Locker		Garage		Apartment	
Mobile Home		Hotel/Motel		Business		Condo/Townhome		Motor Home	
Other									

Description of general conditions in the residence and location of the lab (manufacturing process):

If children were present, describe their potential exposure; to include accessibility to chemicals or hazards:

If a fire were to start, due to the manufacturing process, within this building(s), would children be put at additional risk?

Case Report #

Continuation Form
Drug Endangered Children
Review of Hazards to Children in a Clandestine Lab Environment

Locations where chemicals related to the manufacturing process were found (check all that apply):

Kitchen		Laundry Room		Closet		Garage (Attach)		Living/Family Rm	
Basement		Vehicles		Bathroom		Garage (Detach)		Attic	
Office/Den		Shed		Refrigerator		Freezer		Storage Space	
Other:									

Type of HVAC system (i.e. forced air):

Inadequate light, air, or sanitation facilities: ___yes ___no If yes, please describe:

If applicable, please describe location where chemicals / waste products are being disposed of:

Fire hazards noted:

Other general hazards noted:

Signature:	Date:

Case Report #:

Chemicals of a Clandestine Drug Lab
Rooms Where Found

	Kitchen	Family Rm	Main Bath	MSBDRM	MS Bath	Kids BDRM	Garage	Bsmt	Dining Rm	Other
Ethyl Ether										
Acetone										
Methanol (Heet)										
Coleman Fuel										
Mineral Spirits										
Paint Thinner										
Toluene										
MEK (methyl ethyl ketone)										
Naptha										
Denatured Alcohol										
Isopropyl Alcohol										
Iodine Crystals										
Tincture of Iodine										
Red Phosphorus										
Hydrogen Chloride Gas										
Hydriodic Acid										
Muriatic Acid										
Sulfuric Acid										
Mercuric Chloride										
Sodium Cyanide										
Ephedrine										
Psuedoephedrine										
Chloroform										
Hydrogen Peroxide										
Charcoal Lighter Fluid										
Hypophosphorous acid										
Sodium Chloride (salt)										
Red Devil Lye (sodium hydroxide										
Anhydrous Ammonia										
Lithium/Sodium Metal										

MSBDRM – Master Bedroom
MS Bath – Master Bedroom Bath
Kids BDRM – Kids Bedroom

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Drug Endangered Children

Clandestine Drug Lab Chemicals

The following is a list comprised of chemicals that have been normally found in clandestine laboratories. A narcotics officer or social worker, following instructions of a narcotic officer, will check off the chemicals found in a methamphetamine lab where children are present. This form is then delivered to the hospital with the children for medical examinations.

Check chemicals found at the time of detention:

( ) Ethyl Ether (starting fluid)

( ) Acetone

( ) Methanol (heet/)

( ) Coleman Fuel

( ) Mineral Spirits

( ) Paint thinner

( ) Toluene

( ) MEK (methyl ethyl ketone)

( ) Naptha

( ) Denatured Alcohol

( ) Isopropyl Alcohol

( ) Iodine Crystals

( ) Tincture of Iodine

( ) Red Phosphorus

( ) Hydrogen Chloride Gas

( ) Hydriodic Acid

( ) Muriatic Acid (hydrochloric acid)

( ) Sulfuric Acid

( ) Mercuric Chloride

( ) Sodium Cyanide

( ) Ephedrine

( ) Psuedoephedrine

( ) Chloroform

( ) Hydrogen Peroxide

( ) Charcoal Lighter Fluid

( ) Hypophosphorous acid

( ) Sodium Chloride (salt)

( ) Red Devil Lye (sodium hydroxide)

( ) Anhydrous Ammonia

( ) Lithium / Sodium Metal

These chemicals are commonly used in the manufacturing of methamphetamine. However, these are not the only chemicals found in clandestine labs.

Official Use Only

____ COURT HOLD ____ POLICE HOLD

COUNTY OF_____, STATE OF COLORADO
ORDER OF PROTECTION C.R.S. 19-3-405/PROTECTIVE HOLD C.R.S. 19-3-401
This matter comes on for an ex parte Order of Protection/Protective hold.

DATE:_____ SOCIAL WORKER:_____

MOTHER'S NAME:_____DOB:_____

FATHER'S NAME:_____DOB: _____

SIGNIFICANT OTHERS:

NAME:_____ DOB: _____

NAME:_____ DOB: _____

ALL CHILDREN'S NAMES AND D.O.B.'S:

Related D&N Case(s) and Case Numbers: _____

Related Court Cases and Law Enforcement Report Numbers: _____

_____Based on the above information and to serve the best interests of the child(ren), the court finds the circumstances and conditions would present imminent and present danger to the life and health of the child(ren) in the foreseeable future.

_____ Because of the emergency nature of this situation, efforts were not made to prevent removal, and this is reasonable;

OR

_____Reasonable efforts have been made to prevent the placement.

_____ **IT IS, THEREFORE, ORDERED** that temporary legal and physical custody of the above name minor child(ren) is given to the_____ County Department of Human/Social Services.

The County/City Attorney's Office is to schedule a shelter hearing to be held within the next 48/ 72 hours, excluding Saturday, Sunday or any holidays.

So Ordered this _____ day of _____, 200___

By The Court:_____
Judge/Magistrate

_____
Law Enforcement

Case Report #:

Drug Endangered Children
Medical Information Form

The following is a list of important medical information about the child, to be obtained from the parent or guardian, by personnel on scene. The information needs to go with the child to the hospital.

Child's Name:	Date of Birth:
Child's Medical Doctor:	
Child's Dentist:	
Information obtained from:	
Is the child on any medication? ☐ Yes ☐ No If so, please list medication and dosing:	
Does the child have any medical allergies? ☐ Yes ☐ No If so, to what:	
Immunization status: ☐ Current ☐ Delayed ☐ None Where obtained?	
Does the child wear glasses or contacts? (circle if appropriate)	
Past Medical History: ☐ Yes ☐ No Birth History/Problems: ☐ Yes ☐ No Past Hospitalizations? ☐ Yes ☐ No If yes, when, where and why?	
Past surgeries? ☐ Yes ☐ No If yes, when, where and why?	
Major Illnesses: ☐ Asthma/Wheezing/Chronic Cough ☐ Seizures ☐ Diabetes ☐ Other	
Family History: Any major illnesses in the family: ☐ Asthma/Wheezing/Chronic cough ☐ Other	
Form Completed By:	Date:

Official use only

Drug Endangered Children
Medication Form

Child's Name: _____
Date: _____

Name of Person Collecting Information: _____
Position/Agency: _____

Medication Name: _____
Physician's Name: _____
Dosage: _____
Pharmacy Name: _____
Pharmacy Phone #: _____
Prescription #: _____

Medication Name: _____
Physician's Name: _____
Dosage: _____
Pharmacy Name: _____
Pharmacy Phone #: _____
Prescription #: _____

Medication Name: _____
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Dosage: _____
Pharmacy Name: _____
Pharmacy Phone #: _____
Prescription #: _____

Medication Name: _____
Physician's Name: _____
Dosage: _____
Pharmacy Name: _____
Pharmacy Phone #: _____
Prescription #: _____

Methamphetamine Lab Medical Charting Form

Official use only

EXAM DATE: _____

NAME: _____
ADDRESS: _____
_____
PHONE: _____
COUNTY: _____

MOTHER: _____
DOB: _____
FATHER: _____
DOB: _____

SIBLINGS (AGE/DOB):
_____
_____
_____

CHILD LIVES WITH: _____
LEGAL GUARDIAN: _____

RELEVANT AGENCIES:
Law Enforcement (Agency, Officer, Telephone #): _____
_____
Social Services (Agency, Worker, Telephone #): _____
_____

DECONTAMINATION ON SCENE:
□ Yes □ No

ADDITIONAL CONCERNS: _____
_____
_____

PHOTOS TAKEN BY:
□ N/A
□ Law Enforcement
□ Social Services
□ Hospital

ARRIVED AT ED WITH: _____
_____
HOSPITAL: _____
MEDICAL RECORD #: _____
INSURANCE: _____

TREATING PHYSICIAN:
_____

VITAL SIGNS:
Temp. _____
□ Otic □ Ax □ Oral □ Rectal
Pulse _____ RR_____
BP _____ O2 Sat. _____

STUDIES DONE:

URINE

□ Urine Tox Screen
(order **any detectable level**)

LABS

□ CBC □ Renal Profile
□ Electrolytes □ LFT's

RADIOLOGY

□ Chest x-ray

OTHER STUDIES (if any) _____
_____

ABNORMAL MEDICAL FINDINGS (if any):
_____
_____

DECONTAMINATION IN ED:
□ Yes □ No

REFERRALS (if needed)
(phone #/appointment):
□ Pulmonary _____
□ Child Protection Team _____
_____
DISCHARGE PLAN: _____

ED NURSE COMPLETING FORM: _____
_____

Medical Protocols for Children Found at Methamphetamine Lab Sites

#1 FIELD MEDICAL ASSESSMENT PROTOCOL

The field medical assessment is done to determine whether children discovered at the scene of a methamphetamine laboratory discovery are in need of *emergency medical care.* **Medically trained personnel (e.g. EMT or paramedic) must do the assessment. If no medical personnel are available on-site, the child must be seen at a medical facility. In either case, a medical assessment should be done for each child** *within 2 hours* **of discovering children at a methamphetamine lab site.**

#1 STEPS

For child with obvious injury or illness, call 911 or other emergency number.

For all children who are not obviously critical, perform field medical assessment consisting of:

Vital signs (temperature, blood pressure, pulse, respirations)

Pediatric Triangle of Assessment (Airway, Breathing, Circulation)

For life-threatening findings, seek immediate medical attention. (See Protocol #2) Transport to a facility capable of pediatric emergency response appropriate to findings.

A child's personal possessions should always be left at lab scene to avoid possible chemical/drug contamination in other settings. It is necessary to remove a child's clothing, decontaminate the child in a minimally traumatic manner (such as warm water) and provide clean and appropriate attire prior to removing them from scene. (The child's clothing and belongings remain at the scene and are bagged as evidence.)

If there are no pressing clinical findings, short-term shelter or other secure placement should be implemented by child welfare personnel.

#2 IMMEDIATE CARE PROTOCOL

Problems requiring immediate care are those that cannot wait 24 hours to be treated at the baseline exam (discussed in Protocol #3). Immediate care must be provided as soon as possible after significant health problems are identified. Care should preferably be provided *within 2 hours, but not later than 4 hours* **after the child is identified at a lab site. Immediate care may be provided in a hospital emergency room, or pediatric or urgent care facility depending on the severity/urgency of the problem and the time of day. If a field medical assessment was not completed (Protocol #1), children should be taken to an immediate care facility within 2 hours for the medical assessment.**

#2 STEPS

Perform the field medical assessment (follow Protocol #1 if not already done in the field).

Administer tests and procedures as indicated by clinical findings. A urine specimen for toxicology screening should be collected from each child within 12 hours of identification because some chemicals/drugs are eliminated in a short time. Use appropriate chain of evidence procedures and request urine screen and confirmatory test results to be reported at *any detectable level.*

Call Poison Control if clinically indicated (800-222-1222).

Follow baseline assessment (see Protocol #3) if appropriate to medical site and time permitting or schedule baseline assessment exam to be completed within 24 hours of lab discovery.

Secure the release of the child's medical records to all involved agencies to ensure ongoing continuity of care.

Child welfare personnel should evaluate placement options and implement short-term shelter for the child in which they will be closely observed for possible developing symptoms.

##3 BASELINE ASSESSMENT PROTOCOL

The baseline assessment exam needs to be done within 24 hours **of a lab discovery to ascertain a child's general health status. Prompt medical assessment is warranted due to the risk of toxicologic, neurologic, respiratory, dermatologic, or other adverse affects of methamphetamine lab chemical and/or stimulant or other drug exposure, and the high risk of neglect/abuse.**

##3 STEPS

Obtain child's medical history by calling parents directly for the information, or, if impossible, seek information from social workers who have taken the medical history or from the child's past medical record.

Perform complete pediatric physical exam to include as much of the Early Periodic Screening, Detection, and Treatment (EPSDT) exam as possible. Pay particular attention to:

a. **Neurologic screen**
b. **Respiratory status**

Call Poison Control if clinically indicated (800-222-1222).

Required Medical Evaluations

a. **Temperature (otic, rectal, or oral)**
b. **Oxygen saturation levels**
c. **Liver function tests: AST, ALT, Total Bilirubin and Alkaline Phosphatase.**
d. **Kidney function tests: BUN and Creatinine**
e. **Electrolytes: Sodium, Potassium, Chloride, and Bicarbonate**
f. **Complete Blood Count (CBC)**
g. **Carboxyhemoglobin level**
h. **Chest x-ray (AP and lateral)**
i. **Urinalysis and urine dipstick for blood**
   If not done earlier, a urine specimen should be collected. This should be done within 12 hours **of identification of the child because some chemicals/drugs are eliminated in a short time. Urine screen and confirmatory results should be reported at** *any detectable level.*

Optional Clinical Evaluations

j. **Complete metabolic panel (Chem 20 or equivalent)**
k. **Pulmonary function tests**
l. **CPK**
m. **Lead level (on whole blood)**
n. **Coagulation studies**

Refer for local (county department of social services/law enforcement) child abuse and neglect evaluation.

Conduct a developmental screen. This is an initial age-appropriate screen, not a full-scale assessment; may need referral to a pediatric specialist.

Provide a mental health screen on all children and crisis intervention services as clinically indicated. These services require a qualified pediatrician or mental health professional and may require a visit to a separate facility.

Secure the release of child(ren)'s medical records to involved agencies including child welfare worker.

Note: Child welfare personnel may not have immediate legal access to certain health care records. Every effort should be made to facilitate transfer of medical records, by providing information about where, when, and to whom records should be transferred.

For any positive findings, follow-up with appropriate care as necessary. ALL **children must be provided long-term follow-up care (see Protocol #5) using specified schedule.**
Long-term shelter and placement options should be evaluated and implemented by child welfare worker.

#4 INITIAL FOLLOW-UP CARE PROTOCOL
A visit for initial follow-up care occurs within 30 days **of the baseline assessment to reevaluate comprehensive health status of the child, identify any latent symptoms, and ensure appropriate and timely follow-up of services as the child's care plan and placement are established. If possible, the visit should be scheduled late in the 30-day time frame for more valid developmental and mental health results.**

#4 STEPS
Follow-up of any abnormal baseline test results.
Perform developmental examination (using instruments such as the Denver, Gesell, and Bayley) as indicated by the developmental screen in Protocol #3.
Conduct mental health history and evaluation (requires a qualified pediatric professional).
If abnormal findings on any of the above, schedule intervention and follow-up as appropriate to the findings; then proceed with long-term follow-up protocol (see Protocol #5). If no abnormal findings, schedule visits per long-term follow-up protocol (Protocol #5).
Adequacy of child's shelter/placement situation should be reviewed by child welfare worker and modified if necessary.

#5 LONG-TERM FOLLOW-UP CARE PROTOCOL
Long-term follow-up care is designed to 1) monitor physical, emotional, and developmental health, 2) identify possible late developing problems related to the methamphetamine environment, and 3) provide appropriate intervention. At minimum, a pediatric visit is required 12 months **after the baseline assessment. Children considered to be Drug Endangered Children (DEC) cases should receive follow-up services a minimum of 18 months post identification.**

For further information contact:
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This protocol was modified slightly from the original DEC Protocol that was developed by the DEC Resource Center for the purpose of improving multi-agency response to children found in clandestine methamphetamine labs. The DEC Resource Center, Denver Health, Denver County Department of Social Services, The Children's Hospital and The Kempe Children's Center disclaim liability for outcomes from use of this protocol or misuse of the sequential steps herein.

#5 STEPS
Required Components of Follow-Up Care
Pediatric Care Visits. The visits should occur according to the American Academy of Pediatrics' schedule.
- **Follow-up of previously identified problems.**
- **Perform comprehensive (EPSDT) physical exam and laboratory examination with particular attention to:**
  - **Liver function (repeat panel at first follow-up only unless abnormal)**
- **Respiratory function (history of respiratory problems, asthma, recurrent pneumonia, check for clear breath sounds).**
  - **Neurologic evaluation.**
    - **Perform full developmental screen.**
    - **Perform mental health evaluation (requires a qualified mental health professional, pediatrician, licensed therapist, child psychologist or licensed child mental health professional).**

Plan follow-up and treatment or adjust existing treatment for any medical problems identified.
Medical records should continue to accompany the child's course of care.
Adequacy of child's shelter/placement situation should be reviewed by child welfare worker and modified as necessary.
Plan follow-up strategies for developmental, mental health or placement problems identified.

Optional Enhancements of Follow-up Care
Conduct pediatric care visits including developmental screen and mental health evaluation at 6, 12, and 18 months post-baseline assessment.
Conduct home visits by pediatrically trained PHN or other nurse, at 3, 9, 15, and 18 months post-baseline assessment.
Ensure that home visits occur between the pediatric clinic visits until the last visit at 18 months.

IF YOUR COMMUNITY HAS ADDITIONAL SPECIFIC INSTRUCTIONS AND/OR LOCAL PHONE NUMBERS, AFFIX THE ATTACHED POUCH, INSERT INSTRUCTIONS AND PLACE IN THIS SPACE

Color Code of Agency Responsibility:
HAZMAT/Law Enforcement/Fire
Emergency Medical Personnel
Social Services
Physicians